

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030115

1. Corporation Name

SKYLAR INTERNATIONAL CORPORATION

800023748848
10/13/03--01059--009 **150.00

2. Principal Office Address

13167 NW 42 AVE

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL

Zip

33054

Country

US

3. Mailing Office Address

P.O. BOX 277735

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33027

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/19/2001

5. FEI Number

651087772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HERNANDEZ, SILVIA

Street Address (P.O. Box Number is Not Acceptable)

13167 NW 42 AVE.

Suite, Apt. #, Etc.

City

OPA LOCKA

State

FL

Zip Code

33054

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	HERNANDEZ SILVIA	13167 NW 42 AVE.	OPA-LOCKA, FL 33054
P	FIGUEROA RUBEN I	521 NE. 142 ST	NORTH MIAMI, FL 33161
T	FIGUEROA ESTELIOS A	13167 NW 42 AVE.	OPA-LOCKA, FL 33054

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/03

2810/14

SKYLAR INTERNATIONAL CORPORATION
13167 NW 42 AVE
OPA LOCKA FL 33054

PO1000030115

10/8/03

FLORIDA DEPARTMENT OF STATE

WE DID NOT RECIVED THE UNIFORM BUSINESS REPORT FOR 2003.
WE ARE SENDING THE REINSTATEMENT APPLICATION AND THE AMOUNT OF \$150.00.
PLEASE IF YOU CAN AVIOD THE PENALTY.WE WERE NOT AWARD OF CORPORATION BEEN CLOSE .
FOR SAM RESON THE MAIL IN THIS AREA HAS BEEN MISSING OR MIS PLACE.

A handwritten signature in black ink, appearing to be 'B. H. R.', is written above the words 'THANK YOU'.

THANK YOU